As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Synchro	mizing Services Acr	oss Open Cab	le and Packet Cab	<u>le</u>				
the spec	ification of which is	attached here	to unless the follo	wing box is cl	ecked:			
()	was filed on as US Application Serial No. or PCT International Application Number and was amended on (if applicable).							
amende	state that I have re	eviewed and unt(s) referred	inderstood the co	ntents of the	above-ide	entified specification, in disclose all information		
I hereby certificate		benefits under e also identified	Title 35, United Sta			any foreign application(s)		
L	COUNTRY	APPLICAT	TON NUMBER	BER DATED FILED		PRIORITY CLAIMED UNDER 35 U.S.C. 119		
N/A						YES:	NO:	
						YES:	NO:	
I hereby	ority Claim claim the benefit under	Title 35, Unite	d States Code, Sect	ion 120 of any U	Jnited Stat	FILING DATE ties application(s) listed bel States application in the m	ow and, insofar as	
the first p	paragraph of Title 35,	United States (ations, Section	Code Section 112, I 1.56(a) which occur	acknowledge t	he duty to	disclose material informa e of the prior application a	tion as defined in	
APPLICATION SERIAL NUMBER			FILING DATE		STATUS (patented/pending/abandoned)			
N/A								
As a nam business	OF ATTORNEY: ned inventor, I hereby a in the Patent and Trade M.W. COCHRAN, Reg	mark Office con	nnected therewith.	d/or agent(s) lis	ted below	to prosecute this application	on and transact all	
Send Correspondence to:				Direct Telephone Calls To: William W. Cochran, II				
Cochran & Collins LLP 3555 Stanford Road, Suite 230 Fort Collins, CO 80525			(970) 377-6363					
believed to punishabl	to be true; and further	that these staten ment, or both,	nents were made wi under Section 100	th the knowledg 1 of Title 18 o	e that will f the Unit	atements made on information ful false statements and the led States Code and that	e like so made are	
Full Name of Inventor: David A. Birks Citizenship: United States								
Residence: 400 Centennial Parkway, Louisville, Colorado 80027								
Post Off	ice Address:							
Inventor	's Signature				-	Noto		
TITACITIO	a pignamic				L	Date		

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

DOCKET NO. Cabl.03US01

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Post Office Add	ress:			
Inventor's Signa	ture	Date		
Full Name of #3	joint inventor: David Broberg	Citizenship: United States		
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Inventor's Signa	ture	Date		